



BOARD/COMMISSION RECOMMENDATION

*Hispanic/Latino Quality of Life Commission*

Recommendation Number: 20200527-003c – Covid-19 and Disparate impacts for Latinx and other People of Color in Austin

WHEREAS, recent data as of May 28th, 2020 from Austin Public Health (APH) shows Latino/Hispanics represent 76 % of all COVID-19 hospitalizations in Austin; and

WHEREAS, Latino/Hispanics now represent 55% of all COVID-19 cases, and 38% of COVID-19 deaths; and Latinos positivity rates for COVID-19 is 3.5 times higher (25%) compared to non-Latinos averaging 7%; and

WHEREAS, according to recent information from Central Health & CommUnityCare Latino/Hispanics positive testing rate was 24.55% (3.5 times greater than the average test rate of 7% for non –Latinos); and

WHEREAS, Latino/Hispanics are often essential workers, uninsured, susceptible to chronic diseases and live in multigenerational households which allows for more spread of the virus; and

WHEREAS, Latino/Hispanics residents fear that getting tested for COVID-19 could expose their immigration status; and

Whereas, Latino/Hispanics communities continue to express concerns on the devastating impact of COVID-19 disproportionately affecting our community and that they are not receiving enough bilingual, culturally sensitive educational materials regarding public health, safety and prevention about COVID-19; and

WHEREAS, the City of Austin's Equity Office requests a racial equity lens in all of Austin/Travis County Emergency Operation Center's practices, policies, and procedures; and

WHEREAS, the Austin community values equity and ensuring that all our vulnerable communities are protected and sufficiently served; and

NOW, THEREFORE, BE IT RESOLVED that the Hispanic/Latino Quality of Life Commission requests concrete actions to address disparate outcomes for our Communities of Color, including:

A. Address Digital access and technology barriers. Make self-assessment and enrollment available through a multilingual call center or phone line. Provide

confirmation for the appointment and results of testing via phone or in some way that does not require moderate access to technology.

B. Create mobile site-based testing focusing on both identified clusters and potential areas of high risk. For example, go out to those living in Public Housing, temporary homeless shelters, and/or construction sites.

C. Request that Austin Public Health and the Emergency Operations Center to prioritize, if not allocate all tests, from the IAmAware contract to perform mobile testing in priority zip codes of concentrated poverty and LatinX, Black, and Asian American communities. If the contract is successful, we urge that Council continue funding this contract and prioritizing zip codes of concentrated poverty and the LatinX/African/Asian American communities.

D. Prioritize City Social Services funding for individuals that have tested positive and express financial need to ensure they (and their families) are able to isolate and continue to support their families (rent, utility, and food assistance along with the option for direct financial assistance). Do not tie assistance to immigration status and/or other paperwork that would create barriers for enrollment.

E. Adjust testing availability to accommodate working people. Offer after hours testing so people can go after work and during the weekend. People of color are overrepresented as essential workers so standard hours may not match the times they are able to access testing.

F. Request Austin Public Health and the Emergency Operations Center to record data around persons not able to access testing due to transportation limitations and release real time data to the public via the online dashboard.

G. Request Austin Public Health and the Emergency Operation Center open up testing to all to include asymptomatic people. The current guidelines are confusing and frustrating for many community members and testing all would remove this issue. Austin Public Health and the Emergency Operation Center should commit to and swiftly invest in 1) creative transportation solutions with Cap Metro and 2) an at home testing option via community health workers for those without access to transportation and/or areas of high need.

H. Design a walk up testing model in every drive through testing site to allow individuals without access to a closed vehicle be tested

I. Require the City of Austin hire and train Community Health Workers and Community Health Paramedics that live in the Eastern Crescent to educate, encourage, identify, assist with testing, and follow-up with Latin(x), Black, and Asian communities.

J. Require City of Austin host, record, and disseminate free training for Community Health Workers, Community Health Paramedics, and the general public on Contact

Tracing and COVID-19 Testing guidelines through Austin Public Health. This training should be done in multiple languages and in consideration to the populations with the highest needs.

K. Address community mistrust in the healthcare system in communities most affected and/or under-tested. Use The National Standards for Culturally and Linguistically Appropriate Service (CLAS) in the development of communication. Require quality control standards to ensure effectiveness in all translated material. Include information and results on how data is shared, stored, and used for the good of public health. Be clear with the message that immigration status will not affect whether someone gets tested and treated.

L. Require that testing sites are set up for testing children/minors and ensure staff are trained for working with youth vulnerable populations.

M. Provide FREE protective equipment such as masks, hand sanitizer and other PPE to essential workers and for residents in zip codes with high positivity rates, frontline worker job sites, along with information on CDC guidelines focused on decontamination safety procedures to protect family members;

N. Require PIO to change the messaging on testing – adjust messaging to encourage everyone to take the assessment, especially those with chronic conditions, those working outside the home, and those whose preferred language is not English.

O. Implement ideas to increase access to and utilization of testing sites for Priority Populations:

1. Expanded testing sites

- i. Churches in the Eastern Crescent

- ii. Schools in the Easter Crescent

- iii. PARD Parks and Recreation Centers in the Easter Crescent

- iv. Grocery stores, shopping centers, and other high traffic businesses in the Easter Crescent

- v. Other community hubs: Libraries, APH Neighborhood Centers, and YMCAs

2. Require Austin Public Health to collect long term data and take action on no-show appointments within 72 hours to identify if any barriers exist to testing.

3. Require that Austin Public Health and partners collect and share anonymous demographic data (including information on race, gender identity, sexual preference, ethnicity, language(s) spoken and others).

4. Map all testing sites, including mobile sites to encourage testing. Include a “Find Nearest Test Site Feature” to direct individuals and families to most convenience testing. This map should also include operating hours and anticipated wait time to set up expectations.

Date of Approval: May 29, 2020

Record of the vote: Unanimous on a 8-0 vote

Attest: *Amarda Jasso*

(Hispanic/Latino Quality of Life Staff Liaison)